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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/221,563 07/28/2000  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**\*\* 09/07/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 38	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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